

2005 FAIRFAX COUNTY YOUTH SURVEY

Thank you for agreeing to participate in this study. These questions ask your opinion about a number of things concerning you, your friends, your family, your neighborhood, and your community.

All of your answers will be kept strictly confidential. This means your answers are secret. This survey is completely voluntary. You can skip any question that you do not want to answer.

Be sure to read the instructions below before you begin.

Thank you very much.

INSTRUCTIONS

1. This is not a test, so there are no right or wrong answers.
2. All of the questions should be answered by marking one of the answer spaces. If you do not find an answer that fits exactly, use the one that comes closest. If any question does not apply to you, or you are not sure of what it means, just leave it blank.
3. Your answers will be read automatically by a scanner and computer. Please follow these instructions carefully.
4. For questions that have the following answers: NO! no yes YES!

Mark (the BIG) YES! if you think the statement is DEFINITELY TRUE for you.

Mark (the little) yes if you think the statement is MOSTLY TRUE for you.

Mark (the little) no if you think the statement is MOSTLY NOT TRUE for you.

Mark (the BIG) NO! if you think the statement is DEFINITELY NOT TRUE for you.

Example: Chocolate is the best ice cream flavor.

☐ NO! ☐ no ☒ yes ☐ YES!

MARKING INSTRUCTIONS

- Use a No. 2 pencil or a blue or black pen only.
- Do not use pens with ink that soaks through the paper.
- Make solid marks that fill the response completely.
- Make no stray marks on this form.

CORRECT: ☒

INCORRECT: ☐ ☐ ☐ ☐

These questions ask for some general information about the people completing the survey. Please mark the response that best describes you.

1. How old are you?

- ☐ 10 ☐ 12 ☐ 14 ☐ 16 ☐ 18
☐ 11 ☐ 13 ☐ 15 ☐ 17 ☐ 19
 or older

2. What grade are you in?

- ☐ 6th ☐ 8th ☐ 10th ☐ 12th

3. Are you: ☐ Female ☐ Male

4a. What do you consider yourself to be?

(Select **ONE** only)

- ☐ Hispanic or Latino ☐ Not Hispanic or Latino

4b. What do you consider yourself to be?

(Select **ONE OR MORE**)

- ☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White

5. Think of where you live most of the time. Which of the following people live there with you? (Choose all that apply)

- ☐ Mother ☐ Father ☐ Other adults
☐ Foster Mother ☐ Foster Father ☐ Sister(s)
☐ Stepmother ☐ Stepfather ☐ Stepsister(s)
☐ Grandmother ☐ Grandfather ☐ Brother(s)
☐ Aunt ☐ Uncle ☐ Stepbrother(s)
 ☐ Other children

6. How many brothers and sisters, including stepbrothers and stepsisters, do you have that are the same age or older than you?

- ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
 or more

7. How many brothers and sisters, including stepbrothers and stepsisters, do you have that are younger than you?

- ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
 or more

8. What language do you use most often at home?

- ☐ English ☐ Spanish ☐ Another Language

9. What is the zip code where you live?

ZIP CODE				
2				
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

10. What is the highest level of schooling your father completed?

- ☐ Completed grade school or less ☐ Completed College
☐ Some High School ☐ Graduate or professional school after college
☐ Completed high school ☐ Do not know
☐ Some College ☐ Does not apply

11. What is the highest level of schooling your mother completed?

- ☐ Completed grade school or less ☐ Completed College
☐ Some High School ☐ Graduate or professional school after college
☐ Completed high school ☐ Do not know
☐ Some College ☐ Does not apply

The next section asks about your experiences at school.

12. Putting them all together, what were your grades like last year?

- Mostly F's Mostly D's Mostly C's Mostly B's Mostly A's

13. During the LAST FOUR WEEKS how many whole days of school have you missed:

- a. because you felt you would be unsafe at school or on your way to or from school?
 b. because of illness?
 c. because you skipped or "cut"?
 d. for other reasons?

11 or more days	6-10 days	4-5 days	3 days	2 days	1 day	None
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. In my school, students have lots of chances to help decide things like class activities and rules.

15. Teachers ask me to work on special classroom projects.

16. My teacher notices when I am doing a good job and lets me know about it.

17. There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class.

18. There are lots of chances for students at my school to talk with a teacher one-on-one.

19. I feel safe at my school.

20. The school lets my parents know when I have done something well.

NO!	no	yes	YES!
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Continue on next page.

The next questions ask about your feelings and experiences in other parts of your life.

	NO!	no	yes	YES!
21. My teachers praise me when I work hard in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Are your school grades better than the grades of most students in your class?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I have lots of chances to be a part of class discussions or activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. How often do you feel that the school work you are assigned is meaningful and important?

☐ Never ☐ Sometimes ☐ Almost Always

☐ Seldom ☐ Often

25. How interesting are most of your classes to you?

☐ Very Interesting ☐ Fairly interesting ☐ Very dull

☐ Quite interesting ☐ Slightly dull

26. How important do you think the things you are learning in school are going to be for your later life?

☐ Very Important ☐ Fairly important ☐ Not at all important

☐ Quite important ☐ Slightly important

	Almost Always	Often	Sometimes	Seldom	Never
27. Now thinking back over the past year in school, how often did you:					
a. enjoy being in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. hate being in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. try to do your best work in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	None	1	2	3	4
29. Think of your four best friends (the friends you feel closest to). In the past year (12 months) how many of your best friends have:					
a. smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. tried beer, wine, or hard liquor (for example, vodka, whiskey, or gin) when their parents didn't know about it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. used marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. used LSD, cocaine, amphetamines, or other illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. been suspended from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. carried a handgun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. sold illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. stolen or tried to steal a motor vehicle such as a car or a motorcycle?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. been arrested?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. dropped out of school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. been members of a gang?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	17 or older	16	15	14	13	12	11	10 or Younger	Never Have
30. How old were you when you first:									
a. smoked marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. smoked a cigarette, even just a puff?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. began drinking alcoholic beverages regularly, that is, at least once or twice a month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. got suspended from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. got arrested?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. carried a handgun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. attacked someone with the idea of seriously hurting them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. belonged to a gang?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. How old were you when you first:

a. smoked marijuana

b. smoked a cigarette, even just a puff?

c. had more than a sip or two of beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?

d. began drinking alcoholic beverages regularly, that is, at least once or twice a month?

e. got suspended from school?

f. got arrested?

g. carried a handgun?

h. attacked someone with the idea of seriously hurting them?

i. belonged to a gang?

This section asks about how you spend your time after school.

	7 or more hours per day	5 to 6 hours per day	3 to 4 hours per day	1 to 2 hours per day	Less than 1 hour per day	None
28. How do you spend your time on weekdays after school?						
About how often do you spend time:						
a. watching TV or playing video games ..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. doing homework, studying or reading ..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. helping out around the house (chores, babysitting, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. working at a paid job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. spending time with friends away from home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. spending time at home without any adults present	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Not Wrong at All
A Little Bit Wrong
Wrong
Very Wrong

31. How wrong do you think it is for someone your age to:

- a. take a handgun to school?
- b. steal anything worth more than \$5.00?
- c. pick a fight with someone?
- d. attack someone with the idea of seriously hurting them?
- e. stay away from school all day when their parents think they are at school?
- f. drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly (at least once or twice a month)?
- g. smoke cigarettes?
- h. smoke marijuana?
- i. use LSD, cocaine, amphetamines, or another illegal drug?

32. I ignore rules that get in my way

- ☐ Very False ☐ Somewhat true
- ☐ Somewhat false ☐ Very true

33. It is all right to beat up people if they start the fight.

- ☐ NO! ☐ no ☐ yes ☐ YES!

34. It is important to be honest with your parents even if they become upset or you get punished.

- ☐ NO! ☐ no ☐ yes ☐ YES!

35. I do the opposite of what people tell me to just to get them mad.

- ☐ Very False ☐ Somewhat true
- ☐ Somewhat false ☐ Very true

36. I think it is okay to take something without asking if you can get away with it.

- ☐ NO! ☐ no ☐ yes ☐ YES!

Once a week or more
Two or three times a month
About once a month
Less than once a month
I've done it, but not in the past year
Never

37. How many times have you done the following things?

- a. done what felt good no matter what?
- b. done something dangerous because someone dared you to do it.
- c. done crazy things even if they are a little dangerous.
- d. ridden in a car or other vehicle without a seatbelt?
- e. ridden in a car or other vehicle driven by someone who had been drinking alcohol?
- f. driven a car or other vehicle when you had been drinking alcohol?
- g. participated in school or non-school extra-curricular activities (i.e. sports, 4-H, Boys and Girls Club, Pep Club, etc.)?
- h. done things for fun with family members (other than watching TV)?
- i. been involved in religious related activities or volunteer work (i.e. choir, working with elderly, etc.)?
- j. hung out at a local mall, shopping center, or parking lot?
- k. spent time at a friend's house without any parents home?

38. Have you ever belonged to a gang?

- ☐ Yes ☐ No

39. If you have ever belonged to a gang, did the gang have a name?

- ☐ Yes ☐ No ☐ I have never belonged to a gang

40. How many times in the past year (the last 12 months) have you:

- | | Never | 1 to 2 times | 3 to 5 times | 6 to 9 times | 10 to 19 times | 20 to 29 times | 30 to 39 times | 40 + times |
|----------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. carried a weapon other than a handgun such as a knife or club? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. taken a weapon other than a handgun such as a knife or club to school? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. bullied, taunted, ridiculed, or teased someone? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. said something bad about someone's race or culture? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. been suspended from school? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. carried a handgun? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. sold illegal drugs? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. stolen or tried to steal a motor vehicle such as a car or a motorcycle? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. been arrested? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. attacked someone with the idea of seriously hurting them? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k. been drunk or high at school? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| l. taken a handgun to school? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

41. How many times in the past year (12 months) has anyone done any of the following TO YOU:

- | | Never | 1 to 2 times | 3 to 5 times | 6 to 9 times | 10 to 19 times | 20 to 29 times | 30 to 39 times | 40 + times |
|---------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. attacked you with the idea of seriously hurting you? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. threatened or injured you with a weapon such as a gun, knife, or club? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. bullied, taunted, ridiculed, or teased you? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. said something bad about your race or culture? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. sexually harassed you? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

	No or very little chance	Little chance	Some chance	Pretty good chance	Very good chance
--	--------------------------	---------------	-------------	--------------------	------------------

42. What are the chances you would be seen as cool if you:

- | | | | | | |
|----------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. smoked cigarettes? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. began drinking alcoholic beverages regularly, at least once or twice a month? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. smoked marijuana? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. carried a handgun? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

These questions ask how you might react to certain situations. Choose the answer that comes closest to what you might do.

43. You are looking at the CDs in the music store with a friend. You look up and see her slip a CD under her coat. She smiles and says "Which one do you want? Go ahead, take it while nobody's around." There is no one in sight, no employees or other customers. What would you do now?

- ☐ Ignore her.
- ☐ Grab a CD and leave the store.
- ☐ Tell her to put the CD back.
- ☐ Act like it is a joke, and ask her to put the CD back.

44. It is 8:00 on a weeknight and you are about to go over to a friend's house when your parent asks you where you are going. You say, "Oh, just going to hang out with some friends." Your parent says, "No, you'll just get into trouble if you go out. Stay home tonight." What would you do now?

- ☐ Leave the house anyway
- ☐ Explain what you are going to do with your friends, tell your parent when you will get home and ask if you can go out
- ☐ Not say anything and start watching TV
- ☐ Get into an argument with your parent

45. You are visiting another part of town and you do not know any of the people your age there. You are walking down the street, and some teenager you do not know is walking toward you. He is about your size, and as he is about to pass you he deliberately bumps into you and you almost lose your balance. What would you say or do?

- ☐ Push the person back
- ☐ Say "Excuse me" and keep walking
- ☐ Say "Watch where you are going" and keep walking
- ☐ Swear at the person and walk away

46. You are at a party at someone's house, and one of your friends offers you a drink containing alcohol. What would you say or do?

- ☐ Drink it.
- ☐ Tell your friend, "No thanks, I don't drink," and suggest that you and your friend go and do something else.
- ☐ Just say, "No, thanks," and walk away.
- ☐ Make up a good excuse, tell your friend you have something else to do and leave.

47. I think sometimes it is okay to cheat at school.

☐ NO! ☐ no ☐ yes ☐ YES!

48. I like to see how much I can get away with.

☐ Very false ☐ Somewhat true
☐ Somewhat false ☐ Very true

This section asks about your feelings during the past 12 months. Remember, your answers are confidential.

49. During the past 12 months, did you ever feel so sad or hopeless almost every day for weeks or more in a row that you stopped doing some usual activities?

☐ Yes ☐ No

50. Have any of your close friends or relatives ever tried to kill themselves?

☐ No ☐ Yes, and they lived ☐ Yes, and they died

51. During the past 12 months, did you ever seriously consider attempting suicide?

☐ Yes ☐ No

52. During the past 12 months, did you actually attempt suicide?

☐ Yes ☐ No

53. It is important to think before you act.

54. Do you have to have everything right away?

55. Do you often switch from activity to activity rather than sticking to one thing at a time?

56. I often do things without thinking about what will happen.

NO!	no	yes	YES!
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

57. How much do you think people risk harming themselves (physically or in other ways) if they:

- Smoke one or more packs of cigarettes per day?
- Try marijuana once or twice?
- Smoke marijuana regularly?
- Take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?

Great risk	Moderate risk	Slight risk	No risk
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Very Frequently

Frequently

Occasionally

Seldom

Never

58. During the past three months, how often have you...

- felt proud of yourself?
- thought that you are no good at all?
- felt so worried that you could not do your usual activities?
- had trouble sleeping or eating because something is bothering you?
- felt easily tired, bored, or distracted because something is bothering you?
- felt lonely or depressed?

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

This section asks about your experiences with tobacco, alcohol, and other drugs.

59. Have you ever used smokeless tobacco (chew, snuff, plug, dipping tobacco, or chewing tobacco)?

- ☐ Never ☐ 3-5 times
☐ Once ☐ 6-9 times
☐ Twice ☐ 10 or more times

60. How frequently have you used smokeless tobacco during the past 30 days?

- ☐ Never ☐ About once a day
☐ Once or twice ☐ More than once a day
☐ Once in a while but not regularly

61. Have you ever smoked cigarettes?

- ☐ Never ☐ Regularly in the past
☐ Once or twice ☐ Regularly now
☐ Once in a while but not regularly

62. How often have you smoked cigarettes during the past 30 days?

- ☐ Not at all
☐ Less than one cigarette per day
☐ One to five cigarettes per day
☐ About one-half pack per day
☐ About one pack per day
☐ About one and one-half packs per day
☐ Two or more packs per day

	0 occasions	1-2 occasions	3-5 occasions	6-9 occasions	10-19 occasions	20-39 occasions	40 or more occasions
63. On how many occasions (if any) have you had beer, wine, or hard liquor to drink in your <u>lifetime</u> ? (more than just a few sips)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
64. On how many occasions (if any) have you had beer, wine, or hard liquor during the <u>past 30 days</u> ? . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
65. On how many occasions (if any) have you used marijuana in your <u>lifetime</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
66. On how many occasions (if any) have you used marijuana during the <u>past 30 days</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
67. On how many occasions (if any) have you used LSD or other hallucinogens (acid, angel dust, special k, shrooms) in your <u>lifetime</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
68. On how many occasions (if any) have you used LSD or other hallucinogens (acid, angel dust, special k, shrooms) in the <u>past 30 days</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
69. Think back over the <u>last two weeks</u> . How many times have you had five or more alcoholic drinks in a row?							

- | | |
|-----------------------------|----------------------------------------|
| <input type="radio"/> None | <input type="radio"/> 3-5 times |
| <input type="radio"/> Once | <input type="radio"/> 6-9 times |
| <input type="radio"/> Twice | <input type="radio"/> 10 or more times |

	0 occasions	1-2 occasions	3-5 occasions	6-9 occasions	10-19 occasions	20-39 occasions	40 or more occasions
70. On how many occasions (if any) have you used cocaine or crack in your <u>lifetime</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
71. On how many occasions (if any) have you used cocaine or crack in the <u>past 30 days</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
72. On how many occasions (if any) have you sniffed glue, breathed (huffed) the contents of an aerosol spray can, or inhaled other gasses or sprays in order to get high in your <u>lifetime</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
73. On how many occasions (if any) have you sniffed glue, breathed (huffed) the contents of an aerosol spray can, or inhaled other gasses or sprays in order to get high in the <u>past 30 days</u> ? . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
74. On how many occasions (if any) have you taken methamphetamine (speed, crystal, crank, or ice) in your <u>lifetime</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
75. On how many occasions (if any) have you taken methamphetamine (speed, crystal, crank, or ice) in the <u>past 30 days</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
76. On how many occasions (if any) have you taken steroids without a Doctor's order in your <u>lifetime</u> ? . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
77. On how many occasions (if any) have you taken steroids without a Doctor's order in the <u>past 30 days</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
78. On how many occasions (if any) have you used phenoxydine (pox, px, breeze) in your <u>lifetime</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
79. On how many occasions (if any) have you used phenoxydine (pox, px, breeze) in the <u>past 30 days</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

40 or more occasions

20-39 occasions

10-19 occasions

6-9 occasions

3-5 occasions

1-2 occasions

0 occasions

*These questions ask about the neighborhood
and community where you live*

Very easy

Sort of easy

Sort of hard

Very hard

80. On how many occasions (if any) have you used heroin in your lifetime?

81. On how many occasions (if any) have you used heroin in the past 30 days?

82. On how many occasions (if any) have you taken painkillers (such as Oxycontin, Vicodin, Percoset, Codeine, and opium) without a Doctor's order in your lifetime?

83. On how many occasions (if any) have you taken painkillers (such as Oxycontin, Vicodin, Percoset, Codeine, and opium) without a Doctor's order in the past 30 days?

84. On how many occasions (if any) have you taken a prescription drug other than painkillers without a Doctor's order (such as Ritalin, Adderal, or Xanax) in your lifetime?

85. On how many occasions (if any) have you taken a prescription drug other than painkillers without a Doctor's order (such as Ritalin, Adderal, or Xanax) in the past 30 days?

86. On how many occasions (if any) have you used ecstasy in your lifetime?

87. On how many occasions (if any) have you used ecstasy in the past 30 days?

88. On how many occasions (if any) have you taken over-the-counter drugs to get high in your lifetime?

89. On how many occasions (if any) have you taken over-the-counter drugs to get high in the past 30 days?

90. How easy or hard would it be for you to get:

- a. beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?
- b. some cigarettes?
- c. drugs like cocaine, LSD, or amphetamines?
- d. a handgun?
- e. some marijuana?

91. Would a kid in your neighborhood, or the area around where you live, be caught by the police if he or she:

- a. smokes marijuana?
- b. drank some beer, wine, or hard liquor (for example, vodka, whiskey, or gin)?
- c. carried a handgun?
- d. smokes cigarettes?

NO! no yes YES!

Not wrong at All

A Little Bit Wrong

Wrong

Very Wrong

92. How wrong would most adults in your neighborhood, or the area around where you live, think it is for kids your age:

- a. to use marijuana?
- b. to drink alcohol?
- c. to smoke cigarettes?

5 or more adults

3 or 4 adults

2 adults

1 adult

None

93. About how many adults have you known personally who in the past year have:

- a. used marijuana, crack, cocaine, or other drugs?
- b. sold or dealt drugs?
- c. done other things that could get them in trouble with the police, like stealing, selling stolen goods, mugging or assaulting others, etc?
- d. gotten drunk or high?

94. If I had to move, I would miss the neighborhood I now live in.
95. My neighbors notice when I am doing a good job and let me know about it.
96. I like my neighborhood, or the area around where I live.
97. There are lots of adults in my neighborhood I could talk to about something important.

NO!	no	yes	YES!
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

98. How much do each of the following statements describe your neighborhood or the area around where you live?
- a. crime and/or drug selling
- b. fights
- c. lots of empty or abandoned buildings
- d. lots of graffiti

NO!	no	yes	YES!
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

99. People move in and out of my neighborhood a lot.

☐ NO! ☐ no ☐ yes ☐ YES!

100. How many times have you changed homes since kindergarten?

☐ None ☐ 3-4 times ☐ 7 or more times
☐ 1-2 times ☐ 5-6 times

101. There are people in my neighborhood, or the area around where I live, who are proud of me when I do something well.

☐ NO! ☐ no ☐ yes ☐ YES!

102. Which of the following activities for people your age are available in your community?

a. sports teams

b. scouting

c. boys and girls clubs

d. 4-H clubs

e. clubs

103. Have you changed schools in the past year (the last 12 months)?

☐ Yes ☐ No

104. I feel safe in my neighborhood, or the area around where I live.

☐ NO! ☐ no ☐ yes ☐ YES!

105. How many times have you changed schools since kindergarten?

☐ None ☐ 3-4 times ☐ 7 or more times
☐ 1-2 times ☐ 5-6 times

106. I would like to get out of my neighborhood, or the area around where I live.

☐ NO! ☐ no ☐ yes ☐ YES!

107. Have you changed homes in the past year (the last 12 months)?

☐ Yes ☐ No

108. There are people in my neighborhood, or the area around where I live, who encourage me to do my best.

☐ NO! ☐ no ☐ yes ☐ YES!

109. How often do you attend religious services or activities?

☐ Never ☐ 1-2 times a month
☐ Rarely ☐ About once a week or more

The next few questions ask about your family. When answering these questions please think about the people you consider to be your family, for example, parents, stepparents, grandparents, aunts, uncles, etc.

110. How wrong do your parents feel it would be for you to:

a. drink beer, wine, or hard liquor (for example, vodka, whiskey, or gin) regularly (at least once or twice a month)?

b. smoke cigarettes?

c. smoke marijuana?

d. steal anything worth more than \$5.00?

e. draw graffiti, write things, or draw pictures on buildings or other property (without the owners permission)?

f. pick a fight with someone?

Not wrong at All	A Little Bit Wrong	Wrong	Very Wrong
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I don't have any
brothers or sisters

No
Yes

111. Have any of your brothers or sisters ever:

- a. drank beer,wine,or hard liquor (for example, vodka, whiskey, or gin) regardless of their age? ☐ ☐ ☐
- b. smoked marijuana? ☐ ☐ ☐
- c. smoked cigarettes? ☐ ☐ ☐
- d. taken a handgun to school? ☐ ☐ ☐
- e. been suspended or expelled from school? ☐ ☐ ☐

112. The rules in my family are clear.

☐ NO! ☐ no ☐ yes ☐ YES!

113. Has anyone in your family ever had a severe alcohol or drug problem?

☐ Yes ☐ No

114. People in my family often insult or yell at each other.

115. When I am not at home, one of my parents knows where I am and who I am with.

116. We argue about the same things in my family over and over.

117. My parents want me to call if I am going to be late getting home.

118. If you drank some beer, wine or hard liquor (for example, vodka, whiskey, or gin) without your parents' permission, would you be caught by your parents?

119. My family has clear rules about alcohol and drug use.

120. If you carried a handgun without your parents' permission, would you be caught by your parents?

121. If you skipped school without your parents' permission, would you be caught by your parents?

122. My parents notice when I am doing a good job and let me know about it.

☐ Never or almost never ☐ Often
☐ Sometimes ☐ All the time

123. Do you feel very close to your mother?

☐ NO! ☐ no ☐ yes ☐ YES!

124. Do you share your thoughts and feelings with your mother?

☐ NO! ☐ no ☐ yes ☐ YES!

125. My parents ask me what I think before most family decisions affecting me are made.

☐ NO! ☐ no ☐ yes ☐ YES!

126. How often do your parents tell you that they are proud of you for something you have done?

☐ Never or almost never ☐ Often
☐ Sometimes ☐ All the time

127. Do you share your thoughts and feelings with your father?

128. Do you enjoy spending time with your mother?

129. Do you enjoy spending time with your father?

130. If I had a personal problem, I could ask my mom or dad for help.

131. Do you feel very close to your father?

132. My parents give me lots of chances to do fun things with them.

133. My parents ask if I have gotten my homework done.

134. People in my family have serious arguments.

135. Would your parents know if you did not come home on time?

136. How important were these questions?

☐ Not too important ☐ Important
☐ Fairly important ☐ Very important

137. How honest were you in filling out this survey?

☐ I was very honest
☐ I was honest pretty much of the time
☐ I was honest some of the time
☐ I was honest once in a while
☐ I was not honest at all

The End

PROOF

*Thank you
for completing
this survey!*